

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA**

CHAPTER 13 PLAN - MODIFIED

In re:

Carol Dana BraucksDated: **December 7, 2010**

DEBTOR

Case No. **08-60888**

*In a joint case,
debtor means debtors in this plan.*

1. DEBTOR'S PAYMENTS TO THE TRUSTEE —

- a. As of the date of this plan, the debtor has paid the trustee \$ **1,495.00** .
- b. After the date of this plan, the debtor will pay the trustee \$ **182.00** per Month for **33** months, beginning **January 3, 2011**, for a total of \$ **6,006.00** . The minimum plan payment length is **X** 36 or 60 months from the date of the initial plan payment unless all allowed claims are paid in a shorter time.
- c. The debtor will also pay the trustee **\$2,000.00 lumpsum payment in month 4 (April 2011); \$2000.00 lumpsum payment in month 16, and \$2000.00 lumpsum payment in month 28.**
- d. The debtor will pay the trustee a total of \$ **13,501.00** [line 1(a) + line 1(b) + line 1(c)].

- 2. PAYMENTS BY TRUSTEE —** The trustee will pay from available funds only creditors for which proof of claim have been filed. The trustee may collect a fee of up to 10% of plan payments, or \$ **1,350.10** , [line 1(d) x .10].

- 3. ADEQUATE PROTECTION PAYMENTS [§ 1326(a)(1)(C)] —** The trustee will promptly pay from available funds adequate protection payments to creditors holding allowed claims secured by personal property, according to the following schedule, beginning in month one (1).

<i>Creditor</i>	<i>Monthly Payment</i>	<i>Number of Months</i>	<i>Total Payments</i>
-NONE-	\$		\$
a. TOTAL			<u>0.00</u>

- 4. EXECUTORY CONTRACTS AND UNEXPIRED LEASES [§ 365] —** The debtor assumes the following executory contracts or unexpired leases. Cure provisions, if any, are set forth in ¶ 7.

<i>Creditor</i>	<i>Description of Property</i>
-NONE-	

- 5. CLAIMS NOT IN DEFAULT —** Payments on the following claims are current and the debtor will pay the payments that come due after the date the petition was filed directly to the creditors. The creditors will retain liens, if any.

<i>Creditor</i>	<i>Description of Property</i>
a. <u>Affinity Plus Credit Union</u>	<u>2007 Chevrolet Impala (70,000 miles)</u> <u>Debtor's Residence: Homestead Real Property located at 538 Fieldcrest Court, Sartell MN, Single Family Residence legally described as follows:</u> <u>Fieldcrest Estates, Lot 8, Block 2 on file and of record in the office of the County Recorder in</u>
b. <u>Harold Coleman</u>	

- 6. HOME MORTGAGES IN DEFAULT [§ 1322(b)(5) and § 1322(e)] —** The trustee will cure defaults on the following claims secured only by a security interest in real property that is the debtor's principal residence. The debtor will pay the payments that come due after the date the petition was filed directly to the creditors. The creditors will retain liens. **All following entries are estimates.** The trustee will pay the actual *amounts of default.

<i>Creditor</i>	<i>Amount of Default</i>	<i>Monthly Payment</i>	<i>Beginning in Month #</i>	<i>Number of Payments</i>	<i>TOTAL PAYMENTS</i>
		*109.20	1	33	
		*\$1800.00	4	1	
		\$1800.00	16	1	
a. <u>TCF Bank</u>	\$ <u>8,720.90</u>	\$ <u>1055.93</u>	<u>28</u>	<u>1</u>	\$ <u>*8,720.90</u>
b. TOTAL					\$ <u>8,720.90</u>

***PAID: \$461.37**

- 7. CLAIMS IN DEFAULT [§ 1322 (b)(3) and (5) and § 1322(e)]** — The trustee will cure defaults on the following claims as set forth below. The debtor will pay for the payments that come due after the date the petition was filed directly to the creditors. The creditors will retain liens, if any. All following entries are estimates, except for interest rate.

Creditor	Amount of Default	Int. rate (if applicable)	Monthly Payment	Beginning in Month #	Number of Payments	TOTAL PAYMENTS
-NONE-	\$		\$			\$
a. TOTAL						0.00

- 8. OTHER SECURED CLAIMS; SECURED CLAIM AMOUNT IN PLAN CONTROLS [§ 1325(a)(5)]** — The trustee will pay, on account of the following allowed secured claims, the amount set forth in the "Total Payments" column, below. The creditors will retain liens securing the allowed claims until the earlier of the payment of the underlying debt determined under nonbankruptcy law, or the date of the debtor's discharge. NOTWITHSTANDING A CREDITOR'S PROOF OF CLAIM FILED BEFORE OR AFTER CONFIRMATION, THE AMOUNT LISTED IN THIS PARAGRAPH AS A CREDITOR'S SECURED CLAIM BINDS THE CREDITOR PURSUANT TO 11 U.S.C. § 1327, AND CONFIRMATION OF THE PLAN IS A DETERMINATION OF THE CREDITOR'S ALLOWED SECURED CLAIM.

Creditor	Claim Amount	Secured Claim	Int. Rate	Beg. in Mo. #	(Monthly Pmnts) x (No. of Pmnts) =	Pmnts on Account of Claim + (Adq. Prot. from ¶ 3) =	TOTAL PAYMENTS
-NONE-	\$	\$			\$	\$	\$
a. TOTAL							0.00

- 9. PRIORITY CLAIMS** — The trustee will pay in full all claims entitled to priority under § 507, including the following. The amounts listed are estimates. The trustee will pay the amounts actually allowed.

Creditor	Estimated Claim	Monthly Payment	Beginning in Month #	Number of Payments	TOTAL PAYMENTS
a. Attorney Fees	\$ 3,200.00	\$ 69.69	1	33	\$ *3,200.00
b. TOTAL					\$ 3,200.00

***PAID: \$900.29**

- 10. SEPARATE CLASSES OF UNSECURED CREDITORS** — In addition to the class of unsecured creditors specified in ¶ 11, there shall be separate classes of non-priority unsecured creditors described as follows: **-NONE-**
The trustee will pay the allowed claims of the following creditors. All entries below are estimates.

Creditor	Interest Rate (if any)	Claim Amount	Monthly Payment	Beginning in Month #	Number of Payments	TOTAL PAYMENTS
-NONE-						\$
a. TOTAL						\$ 0.00

- 11. TIMELY FILED UNSECURED CREDITORS** — The trustee will pay holders of nonpriority unsecured claims for which proofs of claim were timely filed the balance of all payments received by the trustee and not paid under ¶ 2, 3, 6, 7, 8, 9 and 10 their pro rata share of approximately \$ **230.00** [line 1(d) minus lines 2, 6(b), 7(a), 8(a), 9(b) and 10(a)].

- a. The debtor estimates that the total unsecured claims held by creditors listed in ¶ 8 are \$ **0.00** .
b. The debtor estimates that the debtor's total unsecured claims (excluding those in ¶ 8 and ¶ 10) are \$ **64,026.52** .
c. Total estimated unsecured claims are \$ **64,026.52** [line 11(a) + line 11(b)].

12. OTHER PROVISIONS —

Title in any secured property will vest in Debtor upon payment of the secured portion of the creditor's claim and Debtor's Discharge. Debtor shall receive a discharge upon completion of the scheduled plan payments or upon payment of 100% of timely filed unsecured claims, whichever occurs first. Trustee shall not pay any untimely filed general unsecured creditors (excluding taxing authorities). Claims filed as secured but for which the plan makes no express provision shall be paid as unsecured claims as set forth in Paragraph 11 above.

A proof of claim may be filed by any entity that holds a claim against the debtor for taxes that become payable to a governmental unit while the case is pending and the trustee shall pay such claim as submitted as funds are available pursuant to 11 U.S.C. Statute 1305.

13. SUMMARY OF PAYMENTS —

Trustee's Fee [Line 2].....	\$	<u>1,350.10</u>
Home Mortgage Defaults [Line 6(b)].....	\$	<u>8,720.90</u>
Claims in Default [Line 7(a)].....	\$	<u>0.00</u>
Other Secured Claims [Line 8(a)].....	\$	<u>0.00</u>
Priority Claims [Line 9(b)].....	\$	<u>3,200.00</u>
Separate Classes [Line 10(a)].....	\$	<u>0.00</u>
Unsecured Creditors [Line 11].....	\$	<u>230.00</u>
TOTAL [must equal Line 1(d)].....	\$	<u>13,501.00</u>

Insert Name, Address, Telephone and License Number of Debtor's Attorney:

Wesley W. Scott 0264787
Lund Kain Scott, PA
13 7th Ave. S
St. Cloud, MN 56301
320-252-0330
0264787

Signed **/s/ Carol Dana Braucks**
Carol Dana Braucks
DEBTOR

**UNITED STATES BANKRUPTCY COURT
District of Minnesota**

Case No: 08-60888

In re: Carol Dana Braucks

Debtor

CERTIFICATE OF MAILING

The undersigned hereby certifies that a true copy of the Notice of Hearing and Notice, Amended Schedule I, Amended Schedule J, Memorandum in Support of Debtor's Motion for Post-Confirmation Modification, and Modified Chapter 13 Plan were mailed to all parties in interest at the addresses set forth in the exhibit which is attached hereto, by first class mail on December 13, 2010.

Date: December 13, 2010

/e/ WESLEY W. SCOTT - #0264787

AARGON COLLECTION
3025 W SAHARA AVE
LAS VEGAS NV 89102-6092

AFFINITY PLUS CREDIT UNION
175 W LAFAYETTE RD
SAINT PAUL MN 55107

ALLIED INTERSTATE INC
GEMB
PO BOX 103104
ROSWELL GA 90076

AMERICAN FAMILY INSURANCE
PO BOX 1246
MINNEAPOLIS MN 55440-1246

AMERICREDIT FINANCIAL SERVICES
PO BOX 183853
ARLINGTON TX 76096

AQUA FINANCE
ATTN COLLECTIONS
PO BOX 844
WAUSAU WI 54402

AUTORX
PO BOX 271589
SALT LAKE CITY UT 84127-1589

BEMBOOMS FENCE
907 15TH AVENUE SE
SAINT CLOUD MN 56304

CAPITAL ONE AUTO FINANCE
3901 N DALLAS PKWY
PLANO TX 75093

CDI
PO BOX 1450 NW 5076
MINNEAPOLIS MN 55485-5076

CENTER FOR DIAGNOSTIC IMAGING
PO BOX 1450 NW 5076
MINNEAPOLIS MN 55485-5076

CENTRACARE CLINIC
1200 6TH AVE N
SAINT CLOUD MN 56303-2736

CENTRAL MN NEUROSCIENCES
166 19TH ST S STE 201
SARTELL MN 56377

CENTRAL MN NEUROSCIENCES LTD
SDS 12 2530 PO BOX 86
MINNEAPOLIS MN 55486-2530

CERTEGY PAYMENT RECOVERY
11601 ROOSEVELT BLVD
SAINT PETERSBURG FL 33716

COLLTEC
15600 35TH AVE N #201
PO BOX 47095
MINNEAPOLIS MN 55447

CREDIT COLLECTION SERVICES
2 WELLS AVENUE DEPT 779
NEWTON CENTER MA 02459

ECOWATER
906 1ST STREET S
BOX 428
WAITE PARK MN 56387

GEMB/BRAND SOURCE
PO BOX 981439
EL PASO TX 79998

GOODMAN JEWELERS
375 GHENT RD
AKRON OH 44333

GOODMAN JEWELERS
PO BOX 1799
AKRON OH 44309

GRANITE CITY CHIROPRACTIC
1747 S 7TH ST
SAINT CLOUD MN 56301

GREAT LAKES HIGHER EDUCATION
COLLECTIONS SUPPORT DEPT
PO BOX 7859
MADISON WI 53704

HAROLD COLEMAN
309 11TH AVE E #103
SARTELL MN 56377

HAROLD COLEMAN
309 11TH AVE E APT 103
SARTELL MN 56377

HENNEN FLOOR COVERING
208 MAIN STREET W
PO BOX 278
FREEPORT MN 56331

JC PENNEY
ATTN BANKRUPTCY DEPARTMENT
PO BOX 103106
ROSWELL GA 30076

MILLENNIUM CREDIT CONSULT
PO BOX 18160
SAINT PAUL MN 55118-0160

NICK SCHULTE
215 10TH AVE S
COLD SPRING MN 56320

NORAN NEUROLOGICAL CLINIC
2828 CHICAGO AVE S #315
MINNEAPOLIS MN 55407

QWEST
PO BOX 2619
OMAHA NE 68103

RECOVERIES
PO BOX 5668
GLENDALE HEIGHTS IL 60139-5668

RICK SCHULTZ CONS. INC
15665 CENTURY ESTATES CI
COLD SPRING MN 56320

RS MEDICAL
PO BOX 872650
VANCOUVER WA 98687-2650

SPINAL REHAB CLINIC
225 BENTON DR N
SAUK RAPIDS MN 56379

ST CLOUD ORTHOPEDIC
1555 NORTHWAY DR
SAINT CLOUD MN 56303-1258

TARGET
PO BOX 9475
MINNEAPOLIS MN 55440

TCF BANK
3451 HAMMOND AVE
WATERLOO IA 50704

TCF NATIONAL BANK
801 MARQUETTE BANK
MINNEAPOLIS MN 55402

US DEPT OF EDUCATION
ATTN BORROWERS SERVICE DEPT
PO BOX 5609
GREENVILLE TX 75403

VALLEY GREEN COMPANIES
PO BOX 263
301 4TH AVE S
SARTELL MN 56377

WELLS FARGO EDUCATION
PO BOX 5185
SIOUX FALLS SD 57117-5185

WILLIAMS INTEGRACARE
100 2ND STREET S
SARTELL MN 56377

WOLLAK CONSTRUCTION
6225 LARK RD NW
SAUK RAPIDS MN 56379

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

In re:

Carol Dana Braucks
Debtor(s).

SIGNATURE DECLARATION

Case No. 08-60888

- ☐ PETITION, SCHEDULES & STATEMENTS
☐ CHAPTER 13 PLAN
☐ SCHEDULES AND STATEMENTS ACCOMPANYING VERIFIED CONVERSION
☒ AMENDMENT TO PETITION, SCHEDULES & STATEMENTS
☒ MODIFIED CHAPTER 13 PLAN
☒ OTHER (Please describe: MOTION TO MODIFY POST CONFIRMATION CHAPTER 13 PLAN)

I [We], the undersigned debtor(s) or authorized representative of the debtor, *make the following declarations under penalty of perjury:*

- The information I have given my attorney and provided in the electronically filed petition, statements, schedules, amendments, and/or chapter 13 plan, as indicated above, is true and correct;
- The information provided in the "Debtor Information Pages" submitted as a part of the electronic commencement of the above-referenced case is true and correct;
- **[individual debtors only]** If no Social Security Number is included in the "Debtor Information Pages" submitted as a part of the electronic commencement of the above-referenced case, it is because I do not have a Social Security Number;
- I consent to my attorney electronically filing with the United States Bankruptcy Court my petition, statements and schedules, amendments, and/or chapter 13 plan, as indicated above, together with a scanned image of this Signature Declaration and the completed "Debtor Information Pages," if applicable; and
- **[corporate and partnership debtors only]** I have been authorized to file this petition on behalf of the debtor.

Date:

Dec 13, 2010

X Carol D. Braucks
Signature of Debtor or Authorized Representative

X

Signature of Joint Debtor

Carol Dana Braucks

Printed Name of Debtor or Authorized Representative

Printed Name of Joint Debtor

Form ERS 1 (Rev. 10/03)